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NEW REMEDIES.

BY R. W. MUSGRAVE, M. D., HANFORD, CAL.

THE physiological investigation of new drugs by the American physician has not received that amount of consideration that the subject is entitled to. This fact is not as attributable to incompetency as it is to lack of time. The vast majority of our physicians are so burdened by the active pursuits of a busy professional life, that it is next to an impossibility to devote any time to physiological investigations; those who might carry on these investigations are unfortunately surrounded by such circumstances that they too cannot pursue the subject, principally from the insufficiency of suitable appliances. "All that can be asked of the busy practitioner is to closely observe the clinical effect of medicines, to make an effort to verify the deductions of the pharmacologist. He need not always write on the subject of new drugs, for it is plainly proven that even old and time-worn

remedies may possess properties the discovery of which will cause astonishment everywhere." Before proceeding, let me say that the province of this paper is not to enumerate all the new drugs discovered, but rather to place before your consideration the most important new remedies that have been presented to the profession within the past year or so.

Taking a retrospect of the past, what a host of drugs have presented themselves! Almost every medical journal we turn to, lauds in most extravagant terms the disease-conquering property of some new remedy. True it is, that some of these much vaunted drugs have properties the study of which will commend them to the profession, and as their proper investigation is pursued, will undoubtedly accord them a permanent place in our therapeutics, while others under the scrutinizing eye of clinical test will be eliminated. With what a degree of suspicion some look upon the advent of a new drug, believing its introduction to be solely influenced by a pecuniary motive, but when we know that a reputable pharmaceutical establishment places it before the profession, we may feel assured that it is neither a patent nor a proprietary medicine. The field for the introduction of new remedies is very large, but good common sense should always be used in their recommendation, and more especially in their supposed application and practical use, for it is on this fact alone that the virtue of any remedy commends itself to the practitioner. In this connection I would desire to quote the following apt language from the pen of a recent writer on this subject. He says: "The history of therapeutics fully illustrates the disposition to attribute good effects to medicines on insufficient evidence, and the grand success of new remedies claimed by some persons, on account of one or two examples of apparent success, are by no means to be accepted as conclusive.

"It should be an invariable rule, in recommending a new medicine, to give a more or less complete history of the cases in which it has been given, and also an account of its failures and successes, *seriatim*, of the quantity, manner, and times of giving the medicine; then may follow an opinion, or conclusion, with much propriety, because the reader may then have an opportu-

nity of exercising his own judgment. For example, the new medicine introduced for the *cure* of some self-limited disease, is said to have been given, in certain quantities, at specified times, and the patient makes a splendid recovery, and the writer, therefore, in his beneficence, hastens to make known such a valuable new medicine; but as far as appertains to the giving of drugs at regular periods, or for any other purpose than that of rendering the patient as comfortable as may be, the reader may find himself utterly incapable of seeing anything more in the history of the case than that the disease had simply its usual course and terminated in recovery, as is usual under the recognized and established use of the old remedies, and as, perhaps a large per cent of such cases might do under the expectant course. It is well not to indulge in too much enthusiasm in recommending new remedies; for while they should command a share of attention, there is, in my opinion, fully as good an opportunity to advance therapeutic knowledge by studying and discussing the newly-discovered or less-known activities of medicines which have long been in use. In reports of new remedies it is their power to modify or control disease which will be of interest and value;—facts are evidence, while conclusions may differ, even when drawn from the same premises. The last quarter of a century has brought to us many valuable remedies. Hydrate of chloral fills a place that had been vacant before its introduction. If pain is to be alleviated, or a tranquilizing effect desired where there may be hyperæmia of the brain, if it shall be found sufficiently potent, then it will be clearly the better remedy, and as a simple hypnotic it, perhaps, has no equal. The bromides have, perhaps, been overrated as *curatives*, but the fact still remains that they are powerful nerve sedatives.” Salicylic acid has been considered by some as a specific for rheumatism, but “do we really know anything more of the therapeutic effects of the salicylates than that they relieve pain by acting on the nerve centers?”

Thus you will perceive what a breadth of discussion this subject will permit of, and if we were to inquire further into the physiological effect of the majority of our drugs, what a train of deductions could be drawn. As the object of this paper is not

to discuss old remedies but rather new ones, I will but briefly call your attention to one that has created a surprise in the medical world. The remedy to which I allude is cocaine, the alkaloid of erythroxylon coca. The literature of this drug is already voluminous. Whether cocaine is to be assured that conspicuous and permanent place in the materia medica of the future which its advocates claim for it, time alone will show. The testimony and evidence thus far of those who have had occasion to use it, all go to show that it will be a valuable addition to our therapeutic resources. Cocaine, in a sense, cannot be called a new drug, for we learn that in 1868 it was found to possess some anæsthetic properties, but even this fact proved unfruitful till Dr. Chas. Koller produced his wonderful experiments in ophthalmology. "Then it took an impetus, gathering force as experimenters used it, until to-day it occupies a permanent place in the catalogue of drugs." Notwithstanding the adverse testimony of a few, it is justly predicted for this alkaloid a speedy and general use, not only in ophthalmological practice, but for operations and treatment of all mucous surfaces. Cocaine, clinically speaking, has been said to fill two purposes, viz., as a local anæsthetic and a local anodyne. So much has been written of late on this remedy, that it seems almost impossible to add anything that is not already known. It may be, however, instructive and entertaining to recapitulate some of its uses gleaned from the medical literature of the day. It can be used in all the many operations on the eye,—in iridectomy, cataract, squint, etc.,—in diseases of the nasal passages; in difficulties connected with the ear. The principal diseases in which it has been found useful are, otitis externa, operations on the tympanic membrane, paracentesis, plastic operations, otitis media, and chronic catarrh; in tinnitus aurium it has been used with encouraging results. In operations and diseases of the pharynx and larynx, and in affections of the uro-genital organs, such as catheterization, irritable urethra, prostatitis, etc., it has been employed with advantage. It has been used successfully in extirpation of small tumors. Its uses in obstetrical practice have not been sufficiently studied to obtain a just conception of its value, though it is certain that it is very

serviceable in the pain produced by tension of the perineum, dilatation of the os, and also in persistent vomiting of pregnancy. In hemorrhoids and anal fistula it has proved to be of valuable service, also in tenesmus of the sphincter of the anus and rectum. In operations involving the uterus or vagina it has been used successfully. It is also serviceable in neuralgias, either by hypodermic syringe, or frictions over the seat of pain. Thus you will observe there is apparently no limit to the sphere of usefulness of cocaine; it undoubtedly has claim to a wide scope of applications, as testified to by experiments, and also by the amount of accumulated evidence.

ANTIPYRETICS.

Under this head several new and important agents have been, of late, brought to the attention of the medical profession. Of their respective merits, as claimed by their supporters, I will speak briefly in the order of their importance.

ANTIPYRIN.—This drug, chemically speaking, is a yellowish powder, extremely soluble in water or alcohol, thus rendering it suitable for hypodermic use. It possesses a bitter taste, much less than that of quinine. It passes rapidly through the kidneys, and can be detected in the urine. Antipyrin, as its name indicates, is a powerful antipyretic, and may be administered in acute pyretic diseases, such as typhoid fever, pneumonia, erysipelas, tuberculosis, and acute rheumatism, in doses of ten to thirty grains. The only unfavorable result connected with the use of the drug is, that it occasionally produces vomiting and an exanthematous eruption.

No doubt this remedy will take a prominent place in the materia medica of the future, but notwithstanding its antipyretic qualities, it has produced collapse in several cases, no doubt owing to the extreme depression accompanying the fall of temperature. Would it not be better then to place the several excretories in proper condition, thus carrying off the waste of the system, employing our proper sedatives, and using all the physiological means at our command, than to cause a reduction of temperature that eventually ends in death? Unquestionably, however, from what can be gleaned from medical sources regarding its use, antipyrin is a remedy whose action is sure, and is far

more safe than many of the drugs now used by the profession. Dr. Chas. Blake, physician to Charity Hospital, in the *New York Record*, says: "The value of this remedy in the above respect," speaking of his success with it in various forms of headaches, "has not only been tested in my hospital and private practice, but I also record the fact that it has proved successful in the hands of professional friends, upon whom I had urged its employment for the relief of neuralgic affections of the head and face. I have been singularly impressed with the promptness of relief which often followed the administration of even a single dose of fifteen grains of the antipyrin. The grateful relief from headache usually ensues within an hour after the drug is taken. A sense of drowsiness ordinarily supervenes, followed by a brief but sufficient slumber, and the patient awakens quite relieved of this distressing symptom. I have never yet seen the sleep-disposing properties of antipyrin alluded to by any other observer, although this effect seldom fails to ensue when a full dose such as I have named has been taken."

Pavay, in the *Glasgow Medical Journal*, lays down the following rules for its administration. He adopts a middle course in regard to dosage: When the temperature does not exceed 103° Fahr., he divides 31 grains into three powders, and administers one powder every half hour. If the thermometer registers 104° , three doses are given as before, each dose consisting of $15\frac{1}{2}$ grains. With a temperature of 105° and above, he gives 62 grains in four doses, half an hour apart. "It is seldom," the writer asserts, "that the temperature fails to fall 2° to 4° , and to remain lowered from six to sixteen hours. If for any reason the stomach will not retain the drug, it may be given by the rectum in doses of from 30 to 45 grains, or hypodermically in a fifty-per-cent solution." Again, a writer in one of the late medical journals thus sums up his experience with this drug; he says: "It is our firm conviction that at the present day, antipyrin, in sufficiently large doses, is the most powerful, the most certain, and safest anti-febrile drug that we have in our materia medica."

ANTIFEBRIN.—This new drug has attained considerable notoriety through its successes in Professor Kussmaul's clinic at

Strasburg. I quote the following: "A happy incident has placed in our hands a preparation which was found to possess excellent antipyretic virtues. Antifebrin, is a white, crystalline, and odorless powder, slightly pungent, almost insoluble in cold water, sparingly soluble in hot water, but readily soluble in alcohol." Numerous experiments have been performed on animals without producing any toxic effects. In the several cases in which it was employed "the maximum dose given in twenty-four hours was 31 grains. The proper size of the single dose cannot, as in all antipyretics, be determined *a priori*, but depends upon the type, gravity, and stage of the affection. It is safe to regard 4 grains of antifebrin as equal to 16 grains of antipyrin, regarding time of appearance, duration, and magnitude of antipyretic action. Consequently it will be seen that antifebrin, however scantily soluble, acts as quickly and four times stronger than antipyrin. As yet the drug has never failed in the hands of the Strasburg clinicians. Besides the advantages alluded to, viz., prompt action in small doses, absence of secondary symptoms, and comparatively slight transpiration, the new remedy commands itself on account of its cheapness."

HYDROCHINON.—This drug seems to have been pretty well tested by Dr. Kinnicutt, in the wards of St. Luke's Hospital, New York. His observations have been published in the *Medical Record* of May, 1885. Contrary to antipyrin, no nausea or vomiting resulted in any of the cases in which it was used. In all it caused moderate sweating as the temperature became reduced. From his experience with it he deduced the following conclusions:

1. That in hydrochinon we possess a new and most efficient antipyretic.
2. That its use is apparently not followed by any injurious effects.
3. That the antipyretic effect of a single dose is comparatively temporary, resembling in this respect that of kairine, thalline, and antipyrin; that the maintenance of moderate temperature in hyperpyretic conditions can be safely obtained, however, by repeated doses. Fifteen to twenty grains was the maximum dose administered, and a marked reduction was noticed after its ad-

ministration, the temperature declining within fifteen minutes of its administration.

HYPNOTICS.

PARALDEHYDE.—Chief among this class stands the above. From what can be gleaned regarding this drug, we have one that, as a sleep producer, ranks with chloral, and in moderate doses approaches the safety of bromide of potassium. The quietude produced by paraldehyde simulates greatly that of natural sleep. The patient, at times, can be awakened by a loud word or even a gentle shake, and if let alone lapses again into sleep. The symptoms of the patient connected with the administration of this drug are all favorable. No headache, no impairment of appetite, the pulse becomes less rapid but stronger, the flow of urine is slightly increased, and the temperature of the skin is not modified. The dose averages from thirty to ninety minims given in a little sweetened water. One great advantage this drug has over others is, that there is no "depression or paralyzing action on the heart." The new drug may not supplant chloral in everyday prescribing, but it surely fills a place where the action of a sedative upon the heart is contra-indicated, and yet where sleep is so essential. I might record here, in this connection, a symptom where the drug would not be appropriate. "Paraldehyde ought not to be given to patients presenting atheromatous defects, and should not be employed in connection with alcoholic liquids." The patient in which this fact was observed was one who was addicted to the use of beer; after the administration of several doses of paraldehyde, the skin covering the "entire head, face, neck, back, posterior surface of lower extremities, and partially the chest, abdomen, and upper extremities" assumed a deep scarlet color.

HYOSCINE.—The criticisms regarding the use of this new drug have not placed it in as conspicuous a place as the last mentioned. So far the observations regarding its use have been applied only to cases of insanity. From the conclusions deduced, it does not fill the place of a true hypnotic, "although it disposes to sleep by causing muscular relaxation and a feeling of weariness, and does, in large doses, produce stupor." It has been used hypo-

dermically in doses of 1-96 to 1-48 grain. For a series of interesting experiments I refer you to the *Therapeutic Gazette* of September, 1886.

CANNIBINON AND URETHAN.—The clinical observations of these two drugs have been so insufficient that it is impossible to speak definitely regarding their particular properties, their use being confined to mental affections of a melancholic or paralytic type; they have shown, however, marked hypnotic properties, and will, undoubtedly, be allotted, as investigations proceed, prominent places in our materia medica. In this connection I might mention the discovery of urethan as a physiological antidote to strychnine.

HYPNONE.—This new drug has been but lately brought to the attention of the medical profession through the experiments of Dujardin-Beaumetz. Our knowledge of the drug, of its effect on the system, is yet but very limited; but it is claimed for it that it is a pure hypnotic. Clinical experience of this, and the two last-mentioned drugs, would not, as yet, warrant a definite place for them in our therapeutics.

I desire now to direct your attention to a new antiseptic—IODOL—of recent birth. It is a product formed by the action of iodine, in the presence of caustic potash, on pyrrol. Its reaction is slightly acid. One very great advantage it has is, that it is free from the characteristic penetrating odor of its *confrère*—iodoform. It is a brown amorphous powder, insoluble in water, but soluble in warm alcohol, acetic acid, ether, and oil. "It can be used in all cases where iodoform is indicated. It is non-poisonous, and is eliminated from the system as iodine. As regards the principle of the action of iodol, it is probable that, as in the case of iodoform, very small amounts of iodine are constantly being liberated at the place where it is applied, and that on this the local therapeutic effect of the remedy depends. Like most medicinal agents, iodol has been recommended as a local application to cancer, especially uterine, and as a powder it has been insufflated on the diseased surface." Clinical observation is yet too incomplete to enable us to form any decisive opinion as to its value. It is, however, claimed to be a more powerful antiseptic

than iodoform, and has not yet produced any symptoms of poisoning.

In the catalogue of expectorants no new drug has the advantages claimed for it that cheken has. From the experiments, and the results achieved, it will probably take rank as a good stimulating expectorant. This plant is a native of Chili, and first attracted attention by the use the inhabitants made of it in the treatment of bronchial and dysenteric troubles. Dr. Dessauer, of Valparaiso, in his report, speaks very highly of the value of cheken in such difficulties. He considers it to possess tonic, expectorant, diuretic, and antiseptic properties. The leaves, on being chewed, produce a peculiarly pleasant taste, followed by a pungency and slight bitterness, due to the presence of the essential oil and tannic acid. The physiological action of cheken is something similar to that of eucalyptus, though it has a more decided effect on the bronchial mucous membrane. Ammonia preparations are claimed to be stimulating expectorants, but this drug combines a tonic influence, making breathing easier, and restoring the mucous membrane to a healthy action. It would then be more appropriately indicated in chronic affections, rather than acute; if such, it is a much-needed remedy.

Of all the diseases that cause a physician a great deal of anxiety, diphtheria takes precedence. Of the many remedies suggested for its treatment, all have, from clinical experience, proven unsatisfactory. The old drug—*sedum acre*—(stonecrop) has been revived and brought into prominent notice through Dr. Louis Duval, who claims that he has never lost a case with its use. A drug recommended on such authority is surely worthy of being tried by every practitioner, although it may be viewed with a degree of skepticism. From the deductions drawn concerning its use, it seems remarkable that if the drug possesses all the alleged virtue, it should have remained unknown to the profession so long. Further clinical experience is required, however, to confirm its value.

A new drug has lately come into notoriety, which undoubtedly will attract considerable attention. The remedy to which I allude is *Pichi* (*Fabiana Imbricata*). Dr. Henry H. Rusby has given an

extended description of it, and the uses made of it by the inhabitants of Chili, in the *Therapeutic Gazette* of December, 1885. From his researches, the plant undoubtedly possesses marked diuretic qualities. Says a late writer: "The therapeutic action of *Pichi* is most marked in vesical catarrh, caused by uric acid diathesis, gravel or calculi. Here it diminishes the secretion and allays the irritability of the mucous membrane, thus allowing the gravel a better opportunity of passing with the urine. It has also a diuretic action, which has been found valuable in many cases of icterus, dropsy, and dyspepsia, due to the deficient action of the liver. In these cases the preparation employed was the essential oil, which, being absorbed and taken into the circulation, acted as a stimulant of the secretory organs in general. The specific action of the drug, however, is evidently exercised on the urinary apparatus." The writer of this article prefers to use a fluid extract of the plant, of which he gives from two to three ounces daily, dissolved in either hot or cold water.

I desire now to present to your attention a new remedy, LANOLIN, brought to the notice of the medical world by Professor Liebrich, of Berlin, the discoverer of chloral hydrate. Lanolin, according to the European medical press, is rapidly attaining prominence, and seems to fully accord with the expectations of its discoverer. The reports respecting its use are yet, in a measure, indefinite; it is almost impossible at this early date to present anything with a degree of certainty. Still, from the conclusions of some experimenters, we have a valuable addition to our therapeutic resources.

Lanolin is a direct product of wool-fat. "The wool of sheep, as taken directly from the animal, contains considerable quantities of fatty substances, which have to be removed from the wool before it can be used. Formerly this fat was simply thrown away, and only recently it has been collected and put to practical uses. Lanolin, the cholesterin fat of the market, contains about twenty-five per cent of water, and differs from all other fatty substances, chiefly in resisting saponification and the influence of water. Hence lanolin has no tendency to become rancid." The principal value attached to this remedy is its

" unrivaled resorbability, insuring for the medicines incorporated with it the maximum amount of attainable efficacy. At the same time it is certain that lanolin does not in any way injure or irritate the skin." To corroborate these statements, a series of experiments were made by Dr. George Henry Fox, at the Skin and Cancer Hospital, New York. His conclusions are as follows:—

1. Lanolin is more readily absorbed by the skin than any other fatty substance.
2. As a basis for ointments, it is useful when an effect upon the deeper skin or upon the whole system is desired.
3. On account of its firm consistency, it is advisable to mix a certain amount of lard, especially in cold weather.
4. When applied to a highly inflamed skin, lanolin may not prove as bland as fresh lard or pure vaseline.
5. Considering its recent introduction, its questionable superiority, and its present cost, it cannot be recommended as yet as the best basis for all ointments.

For an interesting article relating to this remedy, by its discoverer, I refer you to the *Therapeutic Gazette* of September, 1886.

I would wish to make but a passing notice of terebene, introduced to the medical profession by Dr. William Murrell. It is prepared by the action of sulphuric acid on oil of turpentine. Terebene has assumed prominence as a remedial agent in certain throat and lung troubles, especially the winter cough of old people. "Pure terebene," says a writer, "is a valuable remedy, and will in time come largely into use."

This paper would not be complete were I not to mention some of our own late remedies, which have impressed themselves upon the profession by reason of their true, sterling worth, and which we believe will justify us in according them a certified place in our therapeutics. Allopathy, which abrogates to itself the only true school of medicine, adopts many of our remedies, realizing its backwardness in therapeutical resources, and places them before the profession as something new. True, they have given us some reputable drugs, but under the scrutinizing eye of clinical

experience, the majority serve as but "padding for their periodicals."

Dr. Kilgour, in the *Eclectic Medical Journal* of November, 1886, gives us a new use for *apocynum*. (I would here state that I am in doubt whether he refers to *apocynum cannabinum* or *apocynum androsemifolium*.) After trying colocynth, rhus tox., etc., for the relief of sciatica, and its kindred complaints, lumbar and crural neuralgia, he at last resorted to *apocynum*, and in a few doses the severe pain was relieved. His prescription was thirty drops of specific tincture in four ounces of water, giving a teaspoonful every half hour till relieved, and then less frequently as the case improved.

Dr. C. Pierce, in the same journal, speaks of his success with the use of *tela araneæ*. Although this remedy is not new by any means, yet it possesses virtues that commend it to the profession. After enumerating several cases in which it was used, he sums up his experience in the following language: "Of the physiological action of *tela araneæ* I will not attempt to discuss, but to those who are competent, and are so situated that they can investigate its action, they will find that it has a dynamic power that will surprise the novice in its study; but of its therapeutical power I have a better understanding. Its specific indications are these, viz., masked periodical diseases in hectic, broken-down patients; in all diseases that come up suddenly, with cool, clammy skin and perspiration, and cool extremities; in nocturnal orgasm in either sex; numbness of the extremities when sitting still or lying down. It relieves spasm of the arterioles, and stimulates capillary circulation. It relieves hyperesthesia of the cerebro-spinal nerves, and the great sympathetic, that depends upon debility. It is the greatest heart stimulant in the materia medica, and lobelia is second only to it.

Dr. R. C. Ely, of Medina, Michigan, in the same journal, of same date, extols very highly a new agent, *lithospermum canescens*. He has used it in the form of an ointment with gratifying success, in old chronic ulcers, burns, etc.

Of all the diseases that perplex the physician, and in which only a temporary relief can be promised the patient, epilepsy

probably stands first. Bromides relieve, but it is questionable if they exercise a curative influence. Dr. E. R. Waterhouse has called the attention of the profession to his successes with *œnanthe crocata* (water hemlock). He says: "This is one of the few new remedies that has gained for itself a position of much importance in the treatment of epilepsy. I have treated several cases with this drug, and in every instance the spasms have ceased." A remedy with such a recommendation is well worthy a trial. A new use for an old remedy, which would accord it the position of a new remedy, has been given to *alnus ru'ra* (tag alder) by Dr. Ayer, of Connecticut. His deductions are given at length in the *Eclectic Medical Journal* of November, 1886. Suffice it to say, that the remedy in question has been found to exert a pronounced influence on mucous surfaces, and in such an annoying trouble as hay fever, it has proven a reliable and valuable agent. Dr. Kunze, of New York, the advocate of our much valued and reliable cardiac agents, the *cactuses*, has now, through the columns of the *Medical Advocate*, presented us with the *cereus speciosissimus*. He enumerates several cases where it was used with pronounced success, and considers the agent worthy of careful study.

I desire to speak of one more remedy, for I feel that it deserves a passing recognition. Although old, yet it possesses qualities that have already made it a favorite with many practitioners. Dr. Scudder recently was called to a case of severe dysenteric diarrhea, where aconite, ipecac, baptisia, etc., were used without much success. "The inflammation took the entire intestinal tract,—stomach, small intestine and colon. There were marked evidences of sepsis of blood, and the most offensive discharges I have ever smelled. Add to this a growing peritonitis, and the case was about as bad as it could be. There was intense thirst, yet everything fluid, hot or cold, would be vomited." As a last resort a pound of *borax* was obtained, a little placed in some cold water, and the patient was given two or three swallows frequently. "In a short time the fetor of breath had disappeared, and the tongue cleaned. In twelve hours the patient took milk; he could not take anything before."

Gentlemen of the society, I have but called to your attention some of the most important drugs that are worthy of notice, and if I have been enabled to present you with any facts of interest, I shall feel that the object of this paper has been accomplished.

SYMPATHETIC OPHTHALMIA.

BY F. CORNWALL, SAN FRANCISCO, CALIFORNIA.

(Continued from December number.)

THE *pathogeny* of sympathetic ophthalmia has been more discussed and has excited more scientific interest than anything else connected with the disease. Outside of the eye instances are very rare where symmetrical parts of the body have become sympathetically affected. It would seem, then, that the eye must have some more intimate connection than symmetrical pairs of other parts of the body.

The question, How does disease in one eye travel to its fellow? is one which is very difficult to answer; however, there has been much light thrown upon this subject, which enables us to conjecture that there are surely different ways. I will present the hypotheses and clinical experiences which go to prove this to be so. The most natural way, it would seem, in which an affection could travel from one eye to the other would be through the optic nerves. It used to be thought that sympathetic ophthalmia occurred in this way, and in this way alone, until pathological and clinical observation proved the contrary, and the most common seat to be in the uveal tract, and the track of transmission through the ciliary nerves. Then came a revolution in medical opinion, and the old hypotheses were disbelieved and discarded. It seems most rational, despite all investigations which prove to the contrary, that inflammation may extend, by contiguity, centripetally to the chiasma, then, centrifugally, to the fellow eye. That disease may extend from an eye through the nerve to the brain in this way, can scarcely be disputed, and it would appear, if this be so, that it would travel to the other eye. I have men-

tioned a case of my own to illustrate this, in which the seat of injury was evidently in the optic nerve of the primarily affected eye, and in the sympathizing eye there was a distinct neuritis. It is a fact, however, that investigations go to prove that most cases of sympathetic ophthalmia have not been propagated in this way. Advocates of the theory of transmission by the optic nerve, advance the hypothesis that even should the original site of inflammation be in the ciliary body, the retina and later the optic nerve would become affected, and thus the affection would be transmitted. But the objection to this is argued that, in the sympathizing eye, the retina and choroid would, by contiguity, become affected before the ciliary body, which is not the case. It has been claimed that direct transmission might take place through the vascular circle of Willis, but clinical observations tend to prove that this theory is not tenable. The only hypothesis remaining, so far as the knowledge of to-day enlightens us, is, that the transmission from the ciliary body of one eye to that of its fellow must travel through the agency of the ciliary nerves. But then the speculation ensues, through what part of the ciliary nerves does it travel, the motor, sensory, or the sympathetic. Observations have been made which might seem to prove that any one of these nerves was the carrier of the affection, but contradictory evidence is so strongly offered to almost any of these claims that they must all be considered too weak for serious consideration. That of the sympathetic nerves seems the most plausible, and perhaps the preponderance of evidence is in its favor. My own belief is that all three nerves partake in the process; and I will here submit my own thoughts upon the subject, and, so far as I know, they are new.

I will, in order to illustrate my theory, give some laws which govern the ocular apparatus. It is well known that the two eyes, so far as accommodation and mobility are concerned, act synergically, viz., when one eye moves to the left the other moves with it, and the same in accommodation, when one eye fixes for a given distance, the other acts with it. This synchronous action of the two eyes is an absolute law governing them when in a natural state, and in any condition, through central impulse there is an attempt

made. Functional disturbances arising from an interference with this law are notably frequent. Errors of refraction are accountable for a great number of diseases, such as strabismus, blepharitis marginalis, asthenopia, etc., and this comes about by disturbing the relation between the degree of accommodation and convergence. In anisometropia (a difference of refraction) the most disagreeable troubles arise, which are often difficult to correct satisfactorily with spectacles. Having shown how perfectly the eyes act together through their motor nerves, and how functional troubles through disturbance of this synergic act arise, which not only affect the parts involved, but that the retina and lids become diseased in consequence of it, and this in eyes which are otherwise in a healthy state, it remains to be shown how great this law, which does not govern other symmetrical pairs in the body, may be a chief factor in accounting for sympathetic ophthalmia. It stands to reason when the motor function of the eyes is so completely synergically arranged that nutrition and even sensation should have a more intimate relation than in other pairs of the body, and of sensation we have some positive proof. It is impossible to have irritation in one eye without feeling discomfort in its fellow. This is my ground for believing that, of the ciliary nerves, the sensory, motor, and sympathetic fibers all have share in transmitting sympathetic ophthalmia.

One other thought I wish to submit, viz., the probable influence the well eye has on the diseased one to aggravate the inflammation, particularly when this is situated in the ciliary body. Whenever the well eye accommodates, the ciliary body of the diseased eye makes a corresponding effort; just as the lids of the two eyes act synchronously, and thus the primary affection is augmented. The ciliary muscle of the diseased eye being partially paralyzed by surrounding inflammatory products, acts irregularly and feebly, and this is again transmitted to the well eye, and hence the feeble accommodative power. Thus it will be seen that there is a complete inter-dependence, as well as sympathetic connection between the two eyes, and this likely extends to nutrition as well as mobility. It is a fact that this absolute law does not govern other symmetrically arranged pairs of

the body, and this, it seems rational, is the reason why the eyes are so often affected sympathetically while other parts are not.

For want of space, in a paper of this kind, many interesting speculations must be omitted, and the rational conclusions arising therefrom given, which are about as follows:—

That inflammation may travel from one eye to its fellow through the optic nerve by contiguity, and that it may extend from the uveal tract of an affected eye to that of the other through the agency of the ciliary nerves, but in what way is not known. That it may extend simultaneously by both ways, or through one at one period, and later through the other.

We will now pass to the *therapeutics* of this disease. No doubt you are expecting that enucleation will be almost unconditionally recommended. Not so, however. There are so many exceptions, so many matters to weigh before we can safely say enucleate. The worst thing that may occur as a result of this surgical procedure is death. It may aggravate or produce sympathetic inflammation when performed at times when the operation is contra-indicated. It may produce either of these results even when the indications are clear. Independent of these considerations the disfigurement of the face should be thought of, particularly in children, as in them the eyeless socket does not develop commensurate with its fellow, and even with an artificial eye there will be great disfigurement. If there could be left in the socket an innocent stump, if it were no more than quarter of the size of the ball, it would add materially to the preservation of the socket in shape and size; besides, an artificial eye, when fitted over it, gives such natural mobility as to deceive even the oculist sometimes. In mild cases of *iritis serosa sympathetica* the extirpation of the originally affected eye is not justifiable, from the fact that experience shows that it is not dangerous when properly treated, and that when enucleation is performed more aggravated forms of iritis almost always follow in a few weeks. In violent inflammatory diseases of any kind it is not expedient to operate during the height of the inflammation. Panophthalmitis or orbital cellulitis are examples. We have enumerated the contra-indications first in order that the surgeon or adviser should be

put on his guard. There are some surgeons who, through lack of patient investigation and being naturally of a butchery disposition, always operate when there offers any excuse whatever. These men are equally dangerous to the community with the timid and conservative physician, who, because he would not or could not operate himself, always advises other methods than by the knife, and takes every advantage to disparage the work of those of an opposite talent. Happy is the man, and the community who patronizes him, who possesses the nerve to cut, and, with an unbiased judgment, to investigate patiently these surgical problems. Some men in medicine and surgery, as it is in religion and law, can see but one side of a subject. In law it simply leads its possessor to failure because the court can see the fallacy of his arguments. In religion these one-sided men usually procure sufficient number of their own kind to make their lives a success, and perhaps the world is not much worse for their existence. In medicine it is quite different from either of these professions. In their zeal they may inspire an average patronage, notwithstanding through their bad judgment many lives are sacrificed which ought, by discreet leaving alone, or prompt action, through a well-balanced mind, to be saved.

I will now give the indications and contra-indications for sympathetic ophthalmia.

If the second eye is still unaffected it becomes a question regarding preventive enucleation, providing the disease of the first is of a character to induce sympathetic ophthalmia. This depends on circumstances. When your patient is going away from where he can consult an oculist we should favor the operation rather than run the risk of delay in case the disease should develop. It matters not whether there still be vision in the first eye, if the injury is of a kind whereby you might suspect danger, the eye should be sacrificed promptly regardless of this fact.

If sympathetic irritation be already present there should be no delay. We should always suspect that these are the premonitory symptoms of irido-cyclitis, and that when once established, it destroys the eye.

An eye which still possesses vision must be sacrificed if irrita-

tion has already set up in its fellow. It is difficult to convince even an intelligent patient of the necessity of such a course as the originally affected eye may at this stage possess the best vision of the two, and if from any mishap there should be bad results, you might be severely blamed by the ignorant; but if, on the other hand, you allow your patient to go blind of both eyes (which he would inevitably do), you would not only have the condemnation of the community, but also of your own conscience.

When the sympathizing eye is affected with serous iritis without complications it is a very doubtful expedient; in fact, is contra-indicated. The reason for this has already been stated. In cases of irido-cyclitis, it is better not to operate if there be violent inflammation. Treatment may repress the disease to some extent. If the first eye still possesses any remnant of vision, it would be folly to sacrifice it, as there can be scarcely a hope of saving any in the second eye. Under such circumstances it is well to let your patient see while he can. Mauthner puts his "creed" thus: "My creed in the question of enucleation runs briefly thus: *It MAY be performed as a preventive; it MUST be performed in the stage of irritation; it CANNOT be performed in iritis serosa; it CAN be performed in irido-cyclitis plastica, provided the eye causing sympathy is totally blind, but not in a state of violent irritation.*"

How shall we perform the operation for enucleation? Of course the very important part is to know *when* to operate, and then the practitioner or surgeon may do as he pleases, or as circumstances necessitate, whether he perform the operation himself or send him to an oculist. The term enucleation more nearly conveys the meaning we wish than any other, as the operation consists in shelling out the eye from its envelope—the tunica vaginalis. The term extirpation may be used, but it is generally applied to the removal of certain growths. It is almost always best to have the patient anæsthetized. I have never performed the operation without anæsthesia but once, and am satisfied the patient suffered an agony far greater than accompanies other large surgical operations.

Introduce a speculum, or have an assistant use two lid retract-

ors, to keep the lids apart; seize the conjunctiva near the margin of the cornea, snipping it with sharp-pointed scissors curved on the flat; separate the conjunctiva around the whole circumference of the cornea. Then introduce a strabismus hook beneath one of the recti (preferably the internus), clip its tendon between the hook and the ball. Continue around the ball until all of the recti tendons have been separated; then place the forefinger of the left hand on the nasal side of the eye, reaching beneath and pressing it outward and forward, when it will come partly out of its socket. The optic nerve will thus be rendered tense, and the scissors used for enucleation (good-sized, curved on the flat and blunt-pointed) may be passed in closed till the optic nerve is felt, then separate its blades, pointing the scissors well backward so as to avoid clipping the sclerotic and rupturing the globe; with a firm grasp cut the nerve, when the eye will fall from the socket. If there still remain the attachment of the obliqui and connective tissue, it may then be severed.

The after management of this operation is very simple. Absorbent cotton which has been saturated with some favorite antiseptic solution may be packed into the socket and replaced once in six hours until the hemorrhage has ceased, after which time it is merely to be kept clean. If there be heat in excess, apply cold packs. To prevent ecchymosis, a pressure bandage may be worn the first forty-eight hours.

Remarks. I have of necessity drawn greatly from authors in the preparation of this paper, but have not introduced many quotations, as I had not the space. More than from any other, I have been assisted by the excellent monograph, by Ludwig Mauthner, on "Sympathetic Diseases of the Eye."

COLORLESS HYDRASTIS.

BY J. G. PIERCE, M. D.

It is said that if you wish to cultivate habits of refinement, and keep a boy out of the mud, you must black his boots. If you wish to have him grow to an attractive gentleman whose

errors and small vices may be more tolerable than the stern virtues of the uncultivated, you must give him the refinements of education. But cultivate his virtues and eliminate the crude elements as far as may be, and he will be a worthy minister for the temple of the gods. The boy may, by an unusually strong individuality, surmount all adverse circumstances and attain great success. But would he not have more favorable conditions by aidful refinement? Reviewing the history of hydrastis has suggested the above thoughts. And I hope the simile will not be thought too far drawn to be applicable here. With something over thirty years of active practice, and in that time frequent use of hydrastis canadensis in some of its forms, I feel able with some confidence to speak of its virtues, which I regard as decidedly potent, when properly administered according to instructions.

My first acquaintance with it was as a domestic remedy for "sore mouths," used by chewing the root or infusion, and was only "yellow-root," and good for nothing else. Eventually it was taken up by the medical profession and freely used for its recognized value, though too disagreeable in taste and staining qualities to become popular with physician or patient, if anything more pleasant could be substituted. A few years ago there was a great improvement made in the form of liquid hydrastis with glycerine. This was the boy with his boots blacked. A very respectable and comely fellow, but still clothed in yellow jeans, with bitter and somewhat acrid deportment therapeutically. Now we have the well-grown youth, polished and dressed in most comely habiliments under the manipulations of the pharmaceutical chemist. It will be readily understood that I now refer to the decolorized preparations made by some of the leading manufacturing chemists. They may be all equally good, but of that I am unable to speak from experience, having only used that of the Lloyd Brothers, known as Lloyd's hydrastis. This I have prescribed almost daily for nearly a year past, and it has proven so reliable in arresting indications, and received so gratefully by patients, that I could hardly hope to find its superior. When first introduced I looked upon it with considerable incredulity—so white and innocent, so completely divested of the peculiar physical characteristics of its original.

My first patient to receive it was Mrs. W., a lady who had suffered for several years with atonic dyspepsia. She had gone the rounds (as such patients usually do) of the local profession, and all the nostrums advertised, but with no permanent relief. She was subject to frequent attacks of bilious fever, and after treating her through one of them, I put her on this formula:—

Tinct. Nux, gtts. xx.
Lloyd's Hydrastis, ℥ii.
Sp. Tinct. Podophyllum, ʒss.
Water, ℥ii.

M. Sig.—A teaspoonful before each meal.

This she continued for two or three months with short intervals of rest, with the result that she considered herself entirely cured after ten months from the time she began taking it. This was somewhat of a notable case in the community, and gave me quite a run of business with those who had ceased to hope for a cure. And I believe I had entire success in every instance where I could induce them to observe a reasonable dietary regulation. It must be understood that I used the above formula where indicated. In most instances the podophyllum was left out. In two instances ordered ten grains lacto-peptine to be taken after each meal, for its immediate effect upon the digestive process. In fermentive dyspepsia unattended by constipation, I found the following formula of great value:—

Tinct. Nux, gtts. xx.
Lloyd's Hydrastis, ℥ii.
Sub. Nit. Bismuth, ʒii.
Water, ℥ii.

M. Sig.—A teaspoonful after each meal.

This formula (with or without nux as indicated) has seemed to give more permanent relief than any one thing I have ever used with women for sick stomachs during the period of utero-gestation. I have used it as a wash, diluted with water, in a few cases of catarrhal ophthalmia, with the best results. Five cases of gonorrhœa treated with it as the only remedy, were relieved from the beginning, and three of them cured in two weeks' time, two of them in something over three weeks, and all without an

unpleasant symptom. In these cases it was introduced by injection and manipulated to reach all parts of the urethra. Two cases of naso-pharyngeal catarrh, with ulceration, treated with Lloyd's hydrastis and a distillate of hammamelis in equal parts, yielded to a few applications. The medicine was diluted with an equal part of water and thrown up behind the soft palate with a curved or pharyngeal syringe. I know of no more elegant and effective dressing for wounds of every description requiring such, than equal parts of colorless hydrastis and boro-glyceride. Absorbent cotton wet with this and bound on the wound has for me, in every instance, prevented suppuration. Prof. Robt. Sattler recommends as an antiseptic four or five grains of sulpho-carbo-lates of zinc or soda to the ounce. If suppuration or sepsis should be found existing or threatening, that would certainly be a valuable addition.

Briefly, in every instance that I have prescribed it for inflamed or ulcerated mucous surfaces, or for a gentle and permanent tonic to stimulate the spinal reflexes, I have found it to answer promptly to my expectations. I welcome with a friendly hand all new remedies that give promise under the crucible of time and trial to broaden our resources, but hail with a greater delight the improvement and development for greater possibilities of one that has successfully passed this ordeal. Then remembering that in this day of esthetic *tastes* we must have *pleasant* remedies, our satisfaction should be complete.

HEART TROUBLE.

BY G. P. BISSELL, M. D.

EUREKA, Cal., Jan. 10, 1887.

EDITOR JOURNAL: I have received your journal and am pleased with it. The article on somnambulism, by Dr. Rockwell, reminds me of an experience in my own life, which, although it taught me nothing may possibly teach others, and they may teach me.

During the whole of my life I have been subject to muscular

rheumatism, which twice has assumed the inflammatory arthritic form, and once a decidedly neuralgic character. Also, I have ever been rather delicate as to my stomach, causing me to be careful of what kinds of food I should eat, but the digestion has always been perfect of the articles that agreed with me—almost irrespective of quantity. This as preliminary.

When I was young, very little sleep did me. If I could sleep four or five hours each night, with perhaps seven or eight hours one night in a week, I felt perfectly refreshed. So it continued with me until I was about thirty-eight years old, when I began to require more and more sleep, progressively, until within from one year of the time that I took notice of it, I required fourteen hours of sleep in the twenty-four. This need continued for a month or two, when it began to wear away, again progressively; but never have I since been able to do with as little sleep as before. During all this time my health was as perfect and my mind as clear and active as ever in my life. I have never been a sleep-walker, or sleep-talker. During the time spoken of, I was a bachelor, and was continent.

My present age is sixty years. I find of late that if I do not get sleep enough, my heart works too hard. Regarding the heart, I have had it examined by two different doctors. The one pronounced it perfectly sound; the other said that there was a bruit with the first sound, heard over the zyphoid cartilage, indicating lesion of the tricuspid valve. I feel no trouble from the heart whenever I obtain sleep enough to make me feel refreshed. Now will some pathologist deduce the law and lesion from these symptoms?

A FAIR and buxom widow, who had buried three husbands, recently went with a gentleman who, in his younger years, had paid her marked attention, to inspect the graves of her dear departed. After contemplating them in mournful silence, she murmured to her companion: "Ah, James, you might have been in that row now if you had only had a little more courage."—*St. Albans Messenger*.

SELECTIONS.

THE CONSTIPATION HABIT.

CONSTIPATION may very properly be called a habit, because in nine cases out of ten the difficulty arises from irregular habits or modes of living, and its radical cure most frequently follows a change in this respect. A writer in the *Detroit Lancet* discusses the subject quite rationally, and gives some practical hints for its treatment, the auxiliary part of which may be carried out with profit by anyone suffering from this troublesome complaint; the medical part, if any be necessary, being left, of course, to the judgment of a physician.

The constipation habit is certainly a perversion of an important function, and is often productive of great harm and suffering. The normal act of defecation, as a rule, occurs regularly once every twenty-four hours, and with a majority in the early part of the day, before or soon after breakfast. In health the call to evacuate the bowels is a peculiar sensation that cannot be misunderstood. If not heeded it may soon cease, and the call not return for an indefinite length of time. Immediately preceding this sensation is the peristaltic contraction of the sigmoid flexure, which ejects its contents into the rectum, from which arises the warning and call for voluntary muscular assistance, that is so often unheeded, or put off to a more convenient season. But the rectum must be relieved, and if not in the natural way, then antiperistaltic action takes place, and the load is sent back whence it came, a burden and a clog, blunting that delicate sense of the bowels.

Women, I think, neglect the function more than men. This is often from a false sense of modesty, their natural delicacy leading them to endure while away from home, traveling, or in society, rather than to withdraw, with eyes upon them, to a strange shrine devoted to *Cloacina*. Even at their own homes, where there is a lack of modern conveniences, the inclemency of the weather, the exposure to cold, and the foul breath of the vault

cause so much dread of the simple act of defecation, as to lead them to procrastinate, to the utter demoralization of the normal defecative act. I have no doubt that the trammels of fashionable clothing also interfere to some extent. The considerable straining which is sometimes required to complete the act, may be unattainable from the clothing limiting too much the action of the diaphragm and abdominal muscles.

Sedentary habits, which deprive the bowels of the gentle stimulus of exercise, is one cause of constipation; and when to the sedentary habits is added position or posture which cramps and crowds the bowels, as is the case with the shoemaker, habitual constipation is almost sure to follow. The abuse of cathartics is a fruitful cause to induce and confirm this habit. What with the anti-constipation pill, wafers, and pellets flooding the land to dredge the *primæ viæ* on the first indication of its filling up, or to be used from the fear that it will fill up, it is a wonder that nature's *cloaca* is maintained at all. Errors of diet, though not mentioned first, are not least in causing this habit, which is, perhaps, more prevalent in this country than in any other; and some one has said that it is because we eat too little soup. Water as a solvent and a diluent acts in the alimentary canal a very important part, and soup-eating should certainly be encouraged in order to counteract the tendency to take our food too solid, and to favor the fecal current. Whatever line of diet we are in the habit of taking, and the bowels are normal, if we make a sudden or marked change in our diet, it is often attended by bowel disturbances in one way or the other. I have been in a position to observe a great many persons who have made sudden changes, particularly from a mixed, generous diet, to a vegetarian diet, which from its bulky nature imposes more work on the bowels than they are used to, often beyond their working capacity, and the result would often be acute constipation. The next step, then, was to use the much-abused water enema, which, to the overworked bowels, seemed a godsend, but by frequent repetition proved a blight to their work, making them a sluggard in the human economy.

I give one case to illustrate:—

Mr. S. had been a vegetarian for five years or more, and had adopted two meals a day. He was in fair general health for one of such habits, but his great difficulty was no natural action of the bowels, which had existed for the last five years. His sole reliance for a movement was the coarse food and water enemata, which he had come to take regularly. He consulted me, ostensibly for hemorrhoids, which he said the doctor who had treated him told him he had had, and who had expected to operate on him. On making a thorough exploration of the rectum, I was not surprised to find no hemorrhoids, for he gave no symptoms of any. I found, however, a very large, pouch-shaped rectum, with flabby, relaxed, and attenuated walls, which I attributed to the protracted use of water enemata. I changed his diet, stopped the enemas, gave him three meals a day, had him drink four or five goblets of water per day, and had him inject, on retiring, one-third of a cup of cold water to be retained. Ordered daily massage and kneading of the bowels, with a mild Faradization of the same; also ten drops of fluid extract cascara sagrada four times a day. In four weeks' time he had natural stools, without the use of medicine or treatment of any kind.

A too concentrated diet may cause this habit, but I have observed no danger in this direction. A variable appetite, which makes extremes in quantity and quality of food, is sometimes a cause, but as this would lead us to discussion not intended at this time, we desist. I have often observed that a long journey by rail will produce a severe constipation, and have wondered if the constant jarring of the cars has anything to do with it.

The more difficult a disease is to treat successfully, the longer the list of remedies employed; judging from the length of the list in this case one would be almost discouraged from attempting a cure. Yet with clear ideas of causes, the indications for treatment are simple, and with the hearty co-operation of the patient, the physician may feel quite certain of gaining, sooner or later, the desired result.

The following I give as a general outline of the treatment, which, of course, must be varied somewhat according to the

special indications of each case: Regulate the diet, having three meals per day of palatable, nutritious food, not too bulky or too concentrated. Have soup at least one meal each day. On rising, at least an hour before breakfast, drink one or two large goblets of water. If the stomach is weak and inclined to chronic gastritis, I order the water to be drunk hot. Twenty or thirty minutes following the water, give the bowels a thorough kneading for ten minutes. Then assume erect position, with arms above the head and left foot on a line with the right and placed in front of it, bend forward until the knuckles of the closed hands touch the floor, then back to the first position, repeating this five or six times; then, reversing the position of the feet, repeat the movements. This is an excellent exercise for the abdominal muscles and an inactive liver.

At night, also, before retiring, drink a goblet of water, and if there are indications of dryness of lower bowels I use an enemata of one-third to one-half cup of water to be retained. Flushing the sewer may be a good practice with some, making the stomach the flooding-tank; but we must use great care not to interfere with digestion.

When it is available, I often order a fifteen minutes' daily application of electricity to the abdomen, using the Faradic current.

If any medicine is demanded, the first on the list is cascara sagrada. I think it is an excellent "peristaltic persuader." It renders in my hands the most efficient service in small and repeated doses.

I impress it upon my patients to make it a daily practice to go to stool at a regular hour, to induce, if possible, by voluntary muscular effort, a movement, remembering that this measure alone, if persisted in, will oftentimes overcome this deplorable habit. Perhaps the best time of the day for this is soon after breakfast. Patient continuation in this line of treatment will do a great deal to dispel this *bête noire* of medical practice.—
Physicians and Surgeons' Investigator.

THE PREVENTIVE TREATMENT OF PUERPERAL ECLAMPSIA.

DR. J. G. PALMER, of Oak Bowery, Ala., sends a communication upon the prevention of this most dreaded complication of pregnancy. Eclampsia he regards as essentially connected with uræmic poisoning, associated with, or dependent upon, albuminuria. He is inclined to believe that carbonate of ammonia is the real factor in producing eclampsia, associated with other pathological conditions of the nervous system so often manifested during pregnancy. He does not regard the albuminuria as due to inflammatory lesions of the kidney, but believes it is the result of mechanical causes, produced by pressure of the gravid uterus upon the kidneys, resulting in congestion of the renal vessels. The excrementitious products are retained, and urea is absorbed into the system and is converted through the action of some as yet unknown ferment into carbonate of ammonia. The writer believes that the convulsions may always be prevented, if the patient is seen in time, and he says he has never yet seen a woman suffer from eclampsia who had consulted him for relief of the symptoms preceding puerperal convulsions. He reports the following cases:—

"CASE I.—In February, 1885, I was called to see Mrs. W., aged thirty-six, the mother of eight children. I found her nearly blind, complaining that cobwebs were before her eyes, and screaming with the pain in her head. The face, hands, and lower extremities were very œdematous, and the patient had passed very little urine in the past thirty-six hours. The urine was loaded with albumen. I gave her twenty grains each of chloral hydrate and bromide of potassium, and ordered ten drops, gradually increased to twenty drops, of spirits of chloroform, three times a day. I also ordered ten drops of tincture of digitalis to be taken before meals, and cascara cordial for the bowels. The next day I found the patient free from pain, with good vision, and the urine had increased in amount. In ten days the œdema had disappeared, and the urine contained hardly a trace of albumen. The woman was delivered at term of a living child, and had no symptoms whatever of her former trouble.

"CASE II.—Mrs. D. consulted me when she was eight and a half months advanced in pregnancy, complaining of dizziness, cephalalgia, obscure vision, and diplopia. The urine was scanty and albuminous, and the feet, legs, hands, and face were œdematous. I put her on ten drops of chloroform, three times a day, and ordered ten drops of tincture of digitalis and twenty of fluid extract of buchu, to be taken before meals. I also advised her to take outdoor exercise, to eat sparingly, and at short intervals, and to drink plenty of sweet milk. In one week the œdema was gone, there was but little albumen in the urine, the appetite was normal, and the bowels were acting regularly. The patient was delivered at term of a living male child, and had very eas

"CASE III.—Mrs. G. wrote me concerning some strange symptoms she was having. She was eight and a half months advanced in her first pregnancy, and her troubles were somewhat similar to those narrated above. As she was living at a distance, I could not examine her urine, but believed her to be suffering from uræmic poisoning, and sent her prescriptions for the chloroform and digitalis, telling her to keep her bowels acting freely. Relief followed immediately, and the patient was delivered at full term of a living child, and had no signs of eclampsia.

"I could relate the histories of several other cases of a similar nature, but these are sufficient to demonstrate the efficacy of the treatment. I am indebted to Dr. Griggs, of West Point, Ga., for suggesting the use of chloroform in these cases of uræmic poisoning, if we may call it by that name. I shall not attempt to say how it acts, unless it be by preventing the decomposition of urea, and the consequent formation of carbonate of ammonia, or by rendering the constituents of the urine more soluble and thus favoring their elimination through the ordinary channels. It perhaps has a sedative effect upon the nervous system, thus allaying much of the abnormal excitability. Although we must regard it as an empirical remedy, I can say it has never failed in my hands, and others who have used it have met with equally favorable results. The use of digitalis in such cases is an original idea. I believe it is of great service as a diuretic, causing the excrementitious material to pass off with the urine, thus rid-

ding the system of much that might be productive of evil. It is also of service as a heart tonic, assisting an already overworked and hypertrophied heart in the performance of its functions. I am not much of a believer in the cumulative action of digitalis, but I always try to use a reliable preparation. I can heartily recommend this mode of treatment to the profession, and I think it is of much greater value than is the use of veratrum, morphine, and calomel. The lancet should be used freely in cases of plethora or where much congestion is present, cases which are by no means rare."—*Medical Record*.

PERINEAL OPERATION, NEW, DR. EMMET'S.

THE perfection of the perineal operation as it is generally performed to-day, is in great part due to the ingenuity of Dr. Emmet. The use of silver wire as a suture, the binding together of the free ends of the twisted sutures, covering them with a bit of catheter or rubber tubing, the higher denudation in the sulci, are all points which were either devised by him, or which he brought into prominence, years ago.

There were two main considerations which led Dr. Emmet some six years ago to change both his principle and his method of operating.

The first cause for this change, the cause which led him to change his principle for restoring the perineum, was the firm conviction that the generally accepted theory of the physiological function of the female perineum was erroneous; that the perineum did not support the uterus either directly or indirectly, and that the loss of the perineum led to displacement of the uterus, not by withdrawing a support to the uterus, but by allowing the rectum to push forward into the vagina in the form of a rectocele, dragging upon the uterus through the posterior wall of the vagina, especially during the expulsive efforts of defecation.

The second cause, the one which led Dr. Emmet to change his method of operating, was the clinical fact that he found that the most frequent perineal tears were not central but transverse.

The advancing head of the child, or more frequently the lower shoulder, pushes the perineal body in front of it and tears it away from the posterior vaginal wall, the tear starting in one posterior sulcus and ending in the other, accompanied perhaps by a more or less severe tear of the fourchette, or it may be showing no external signs of the injury.

As this statement of Dr. Emmett is so entirely at variance with the generally accepted theories of perineal lacerations, I have taken the past two years every opportunity of satisfying myself as to its truth or falsity, and I can only say that I have been very much surprised by the results of my observations. I find among a few histories taken while serving upon the staff of the Nursery and Child's Hospital, of New York City, the records of four transverse perineal tears, all occurring within one week. The women were primipara, the labors were all normal, no instruments were used, and the tears were superficial, the most severe being only three-fourths of an inch in depth, and were not considered as extensive enough to need a suture, by Dr. Ten Eyck, then acting as house surgeon.

During my service in this hospital I never saw a purely central tear, and I came to the conclusion that Dr. Emmet was entirely correct; that a central tear never occurred except in the cases when the tear extended through into the rectum. My experience in private practice has not led me to change my views; on the contrary, has but confirmed my belief.

If now we take a recent perineal wound, and separating its edges follow it up the posterior vaginal wall and back into the posterior sulcus upon one or both sides, it will be found to correspond in shape to a crescent, or to half a crescent, according to whether the tear be unilateral or bilateral, if I may be allowed the expression.

If the tear happens to be bilateral or crescentic, extending completely across the vagina from one posterior sulcus to the other and with no external split, the injury is very often overlooked; on the other hand, if the tear is unilateral, extending from a posterior sulcus to the center of the perineum and ending in a central tear of the perineal body, the external or inferior

end of the tear may be the only part of the injury which is recognized and treated. Following this idea of a crescentic and transverse tear, and recognizing the insufficiency of the regular operation to cure such injuries, Dr. Emmet devised the operation which is now known as Dr. Emmet's new perineal operation.

His denudation is made in the shape of a crescent, the crest of the rectocele corresponding to the center of the lesser curve of the crescent. The lowest caruncle upon either side, dividing the greater curve into three nearly equal parts, the horns of the crescent extending into the posterior sulci upon either side. To avoid denuding too high into the sulci, the tissues between the crest of the rectocele and the caruncle upon one side are put upon the stretch, and the upper margin of the denudation made to correspond to a straight line running between these two points, the mucous membrane and cicatricial tissue being then removed out to the site of the fourchette, not touching the skin nor the mucous membrane upon the labia. Now if this denudation is repeated upon the other side, the surfaces denuded will be found to roughly correspond in shape to a crescent.

The advantages of this operation are:—

1. That you can restore the perineal body more perfectly than by any other operation, from the fact that it is possible to more accurately follow the track of the original tear and pick up the torn fascia and perineal muscular fibers.

2. During convalescence the patient suffers practically no pain, it being the exception not the rule to administer an opiate.

3. The patient is able to pass her own water herself, and the nurse and the catheter with the consequent urethritis are done away with.

4. It is not necessary to confine the patient's motion in bed nor to tie her knees together.

5. The bowels can be moved upon the second day, as it is not found necessary to constipate the patient for from four to six days, as is usually done in the regular operation.

Referring to my case book I find the records of thirteen perineal operations, all done by this method, during the past fifteen months. In every case union has been perfect. It has not been

found necessary to draw the water in a single case. It was found necessary to give three quarter-grain suppositories of morphia in one of the cases, but aside from this case one suppository given the night following the operation has been the only opiate which it was found necessary to administer, and several of the cases have taken no anodyne whatever. Several of my cases were operations performed for other surgeons, and two of my own I have not heard from since leaving the city shortly after the operation was performed. But all the patients whom I have heard from are either entirely or almost cured, and in two of my patients, who had first suffered the agonies of the regular operation, I have the very strongest adherents to the cause of Dr. Emmet's new perineal operation.

My conclusion is that this operation accomplishes all and more than the regular operation, and accomplishes it with less pain and with much less discomfort to the patient, points which should be of the very first importance in every surgeon's eyes.

The objections to the operation are that it is rather difficult to understand, and is a little more tedious for the operator. Before closing let me advise everyone interested in this operation, especially if he thinks of performing it himself, to read very carefully Chapter XX of Dr. Emmet's "Principles and Practice of Gynæcology," third edition. Also the very valuable article upon this operation by Dr. E. C. Dudley, of Chicago, Vol. IV, "Pepper's System of Medicine."—*Dr. A. Maclaren, in Northwestern Lancet.*

THE USE OF NITRITE OF AMYL IN THE SEVERE PAROXYSMS OF WHOOPING-COUGH.

DR. MORRIS LEWIS in the *Medical and Surgical Reporter*, September 4, 1886, reports the following interesting case:—

E. B., female, age thirteen weeks; breast-fed; a well-formed, healthy baby; rather small, and weighing about seven and a half pounds.

At the age of seven weeks, having just recovered from the effects of a perfectly normal vaccination, she contracted whoop-

ing-cough from her brother, whose case had been one of the lightest character, rendering the diagnosis impossible for over two weeks. The infant's cough for the first week was slight; but during the second week it began to show characteristic symptoms.

The child was placed upon a mixture of belladonna and alum every three hours, and progressed favorably until the night of February 12, which was towards the end of the second week of the disease; it was then seized with a violent paroxysm of coughing, became purple in the face, and finally, according to the mother's statement, ceased to breathe. I was immediately sent for, but before I could answer the summons, the mother had thrust the child out of the window into the cool, damp air of a foggy night. This procedure was immediately followed by an inspiratory effort, and the child breathed again. When I arrived, the child was in an exhausted state, and was breathing regularly. After this until the 2d of the month, but one other slight attack of this nature occurred. By this time the child was coughing in a perfectly typical manner. The medicine was continued, but in slightly larger doses, the child taking about the one-twelfth grain of extract of belladonna in the twenty-four hours.

On the night of the 22d there were three severe paroxysms, during all of which I was present. The child would awaken with a series of violent expiratory coughs, with scarcely an inspiratory effort between them. Finally, an expiratory spasm would occur, lasting fully fifteen seconds, during which the child would struggle and become perfectly livid. This would be succeeded by complete collapse, with entire suspension of respiration, due probably to exhaustion of the respiratory center.

During the last two of these attacks I administered ether by inhalation, and believe that thereby the spasmodic stage was somewhat shortened; but the subsequent collapse was so severe that I was obliged to resort to artificial respiration, and once had to continue it for ten minutes, as during that time there was but one or two feeble attempts at inspiration. The evening before I had placed the child on the one six-hundredth of a grain of sulphate of atropine every three hours.

Dr. William Pepper then saw the case with me in consultation, and suggested combining a small amount of nitrite of amyl with the ether to prevent if possible the stage of exhaustion. This combination seemed to have a good effect; but, as the amount of ether required seemed to render the child drowsy and disinclined to nurse, I gradually diminished the proportion until the mixture contained one-fourth part of nitrite of amyl. This mixture was kept in a small vial, and with each cough the end of the finger was wetted with the mixture and held close to the child's nose and mouth, so as to catch the first inspiratory effort.

Thus administered, the child practically got nothing but nitrite of amyl. After the commencement of this treatment the child never had another attack of exhaustion, and the severity of the paroxysms seemed to be lessened, although the child coughed just as frequently, the number averaging fifty in the twenty-four hours, the amyl being given each time.

No untoward effects were at any time noticed, even when once I held the bottle, containing at least ten drops of amyl, to the child's nose.

It was difficult to judge of the amount of flushing produced by the drug on account of the flushing caused by the cough.

I am confident of the beneficial effect of the nitrite of amyl in this one case, and although one swallow does not make a summer I think the drug will be found of use in analogous cases.

Dr. John M. Taylor, who assisted me in watching the case, is also positive of the good effect produced.

In the short time that I have had to look up the literature of the subject, I cannot find that nitrite of amyl has been used in whooping-cough, nor has anybody that I have spoken to on the subject known of its use.

By diluting the nitrite with ether or alcohol, it can be administered in any dose required, and could more easily be put in pearls than the pure nitrite.

By placing it in a bottle with a small top, that can be covered easily by the finger, it can be almost immediately administered by simply wetting the tip of the finger by inverting the bottle.

The child is now doing well, and has had no complication other than a slight umbilical hernia.—*Medical Age*.

RETRACTION OF THE PENIS.

THE following remarkable case is referred to in the *Lo don Medical Record*, February 15, 1886:—

A young man of thirty-three came to a local hospital in the Samara Government, with a string encircling the retroglandular sulcus of the penis, and firmly fastened to the thigh. When the string was untied the penis slowly retracted, and ultimately disappeared under the pubic arch, leaving only a naval-like depression.

Coaxing and threats were of no avail; the organ would not present itself to view again, until traction was made upon the string. The condition had been discovered five days previously, by the patient, who, having got up to micturate at night, was surprised and shocked at his inability to find any organ with which to perform the act, being well aware of its existence at bed-time. After long and patient manipulation, he succeeded in bringing it to view, and at once secured it with a string, not wishing to risk its permanent withdrawal. There was no perineal pain, and no cause could be assigned for the strange retraction. Ten-grain doses of bromide of potassium were given every three hours. The following day the penis remained unretracted for an hour. Six days later the retraction disappeared and did not return. Dr. Ivanoff, who reported the case, could find no similar one in literature.—*New York Medical Times*.

THE following is recommended in a case of typhoid fever, by a Chinese physician:—

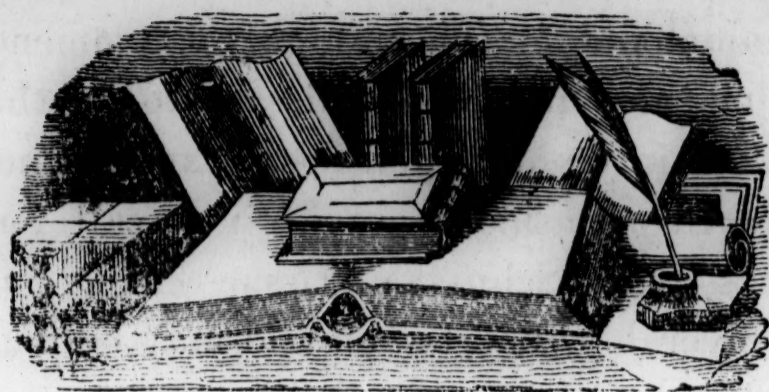
R: Three inches of dried umbilical cord.

One fried snake skin.

One fresh Tom-cat's head.

M.—Boil in five pints of water for two hours, and strain.

Sig.—Tablespoonful every four hours.—*Chicago Medical Times*.



EDITORIAL.

The Treatment of Pertussis.—This disease has been quite prevalent among us, and still prevails to some extent. How shall we treat it? Our readers may be surprised to know that many Allopathic physicians inform their patrons that nothing can be done for whooping-cough—that it must have its run. We think, however, there will be few surprised at this state of affairs; for the opinion is widespread among the “regular” brethren, and who has not a dozen or more of ye “regular” ilk as competitors in his neck of the woods? A glance at the average Allopathic text-book, however, will be sufficient to convince one that not much *can* be done for the disease, in that quarter at least; so with simply protesting against such a sweeping libel, we will see what modern medicine can offer.

Drosera cures a large majority of cases of whooping-cough; but it acts upon the nervous element of the disease, and therefore cannot remove sequelæ or complications. Catarrhal states of the bronchial tubes, resulting from violent and prolonged fits of coughing, must be controlled by other agents. Where the difficulty is mostly in the small tubes—capillary bronchitis—tartar emetic in one-hundredth grain doses every two or three hours will relieve the cough at once after its spasmodic character has subsided. But drosera may not accomplish the arrest of the paroxysms. In such case we may think of the picrate of ammonia. This remedy has controlled the paroxysms of whooping-cough promptly for the writer in several instances. Its great objection, however, is its unpleasant taste and the difficulty of getting the patient to take it. Hale recommends moistening disks of sugar of milk and albumen with the first decimal dilution.

Bromide of ammonium has been highly recommended, and if we regard the principal center of the disease to be the medulla oblongata it is certainly philosophical to expect something of this agent. A markedly spasmodic cough may call for this or the bromide of potassium. Schussler's tissue remedy, magnesia phos., 3x., has been favorably reported on and may be found of service. Cuprum metallicum in this as well as other spasmodic coughs, has proven of good service in the controlling of the paroxysms. Corallium rubrum has something of a reputation, also, in the treatment of whooping-cough, as our readers will observe by referring to Hughes' Manual.

Among certain remedies which have been overestimated we may refer to the trifolium pratense, the castanea vesca, and nitric acid. We have employed the trifolium in the cough of measles as well as in pertussis with little or no good, and cannot commend it in spasmodic coughs. We have less knowledge of the castanea vesca. Both the clover and chestnut leaves may have done some good in the past, but there are certainly much more reliable remedies in this affection. Nitric acid has a reputation where the tongue is violet colored, but in all our experience we have never seen a violet tongue, therefore we must have some more common symptom than this before we can expect much call for this remedy.

Prof. Joseph Rhodes Buchanan.—Through the kindness of one of our students, Dr. Schlarbaum, we are enabled to produce the likeness of Prof. Joseph Rhodes Buchanan, of Boston, Mass., a veteran Eclectic physician and an eminent scientist, of whom many Californians possess an exalted opinion. Dr. Buchanan is ripe in age, being now in his seventy-second year, but his articles, which are numerous, from various sources, evince an astonishing vigor of intellect. He belongs to the small class to whom in advanced life the influence of new ideas is not painful.

Professor Buchanan was one of the faculty of the Eclectic Medical Institute of Cincinnati in its early days, and attracted



PROF. JOSEPH RHODES BUCHANAN.

special attention by his ability to impart instruction. He was dean of the faculty a portion of the ten years he was connected with the institution. Psychology and the relations sustained between the mind and body, are the leading themes to which he devotes himself. He is the author of various works on the subject, and is the editor of *Buchanan's Journal of Man*, to begin publication the present month, in Boston, Mass., his present home.

We hope our readers will not confound him with the John Buchanan of Philadelphia ill fame.

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“Immortal and God-Ordained” Rot.—The writer has been a reader of homeopathic literature for the last twelve years, and believes he has profited thereby in many respects, but there will crop out every once in a while such expressions of weakness from writers of that ilk as throw upon the whole business a disgusting phase. “The Immortal Hahnemann;” “The Glorious Sun of Homeopathy;” “The Immortal Law of Similia;” “The Great Law”—these are some of the few nonsensical, idiotic, and brainless expressions made in relation to the system, *i. e.*, if it be really adhered to as a system sufficiently close to deserve the credit of being one.

In a recent exchange appears a paper read before a certain homeopathic society, in which a case of nose-bleed is described, where the hemorrhage was arrested by the “God-ordained law of similia similibus curanter,” as the writer puts it, in about three months’ time. He suggests that “rationalism would have plugged the anterior and posterior nares with pledgets of cotton soaked in Monsel’s solution, or some other styptic, put the patient on tonics, and told his parents “he’ll grow out of it.” We of course have no right to question any other man’s estimate of rationalism, but such a proposition would be too irrational for anyone but a homeopath, and too irrational for any place except in homeopathic literature. In this case two physicians succeeded in curing a case of epistaxis in three months, the hemorrhage occurring occasionally and being at no time profuse, with a few doses of the attenuations of aconite and arnica. Almost any ordinary boy would have recovered on bread and butter in that time. We wonder how much of this the wise followers of Hahnemann, who sat and listened, swallowed.

Something over a year ago we heard an address at the graduating exercises of a homeopathic college, by a professor of acknowledged ability as an orator. We had expected to hear some convincing arguments in favor of the school, and some good advice to the graduating class, but were regaled instead by a half-hour’s delivery of tolerably well-turned sentences, abounding in “the immortal law of Hahnemann,” “the immortal master,” “the immortal father,” and such rot until the final peroration,

when the "effulgent rays of the glorious sun of homeopathy" was the center of a wordy finale. We believe in an honest expression of sentiment. If a man is a believer in homeopathy, we respect him for a candid expression of his faith, but it is no reason he should be "loony."

MISCELLANEOUS PARAGRAPHS.

OUR circulation is rapidly increasing; keep on coming.

IF you want to progress with the times, subscribe for the CALIFORNIA MEDICAL JOURNAL.

PROFESSOR SAPPEY says that the ovaries of one woman contain enough ova, if they were all fertilized, to populate a city as large as Paris.—*Ex.*

IF popularity is a measure of worth, then the preparations of Parke, Davis & Co. are unexcelled, as no others occupy a wider field or are more universally used than theirs.

PARADOXES IN PROLIFIC NATURE.—Eyes, yet they see not—potatoes. Ears, yet they hear not—corn. Mouths, yet they speak not—rivers. Hands, yet they feel not—clocks. Brains, yet they think not—dudes, and—some—"doctors."—*Md. Eclectic Medical Journal.*

DR. ADAM CLARKE, who had a strong aversion to pork, was called upon to say grace at a dinner where the principal dish was a roast pig. He was reported to have said: "O Lord, if thou canst bless under the gospel what thou didst curse under the law, bless this pig."—*Peoria Medical Monthly.*

DR. JOHN CLAY reports three more cases of cancer cured by Chian turpentine. Dr. G. W. F. Bury reports also a very striking case with a similar result. On the other hand, Dr. William Dale says that the drug was tried in the cancer wards of the Middlesex and of the W. Norfolk and Lynn Hospitals, without result.—*Medical Record.*

BILROTH writes the following on antiseptics:—

1. Iodoform is the safest and most effective of all manageable antiseptics.
2. Moss, wood, turf, mould and oakum, are useful when there are discharges from the wound.
3. Corrosive sublimate in dilute solution is practically inert as an antiseptic to wounds, and renders the patient and surgeon alike liable to mercurial poisoning.
4. Carbolic acid, which is known to be dangerous in strong solutions, is, in very weak ones, as good for wound irrigation as clean water, but probably no better.—*Canada Lancet.*

PASTEUR'S latest and worse failure has just occurred, according to recent dispatches. The patient, whose finger was nearly bitten off, was taken promptly to the Rue Vanquelin. At the end of twelve days, hydrophobia was manifest, ending under conditions to convince Professor Peters, who kindly reports the failure at once to his colleagues of the Academie de Medicine, that the malady was due to the operation.—*Medical World*.

A GOOD deal of mild fun is being poked at M. Pasteur, by the wicked French press.

SCENE: *M. Pasteur's studio.*

(*Enter a returned Tonquin expeditionist, who remarks*)—"I would like to be inoculated against the hydrophobia."

M. Pasteur—"When were you bitten?"

Expeditionist—"I was not exactly bitten, but I entertain suspicions about one of the dogs which I ate."

A GREAT SUCCESS.—I have used Hydrastis for thirty years. I have used several bottles of Lloyd's Hydrastis, and am much pleased with it. It is a great advantage to have a preparation that will mix with water and make a clear preparation. I use Hydrastis mostly for a dyspeptic stomach; for washes, cases where there is cankerous sore mouth and throat, enemas, where there is mucous discharge from vagina or glands penis, for canker and nursing sore mouth. Lloyd's Hydrastis and Cranesbill combined make a superior wash. For a weak, debilitated stomach, or general debility, there is no better thing than Lloyd's Hydrastis, Gentian Extract, and Nux. All preparations I have used, except this, when mixed with water, precipitate and make a muddy mixture. What I have used of the Lloyd's Hydrastis I like much. I regard it as a great success.

DR. GEORGE ANDREWS.

PUBLISHERS' DEPARTMENT.

WE now observe the result of persistent attention to the details of a business. When the first attempts were made by J. U. Lloyd to produce an improvement on ordinary fluid extracts, the result was a crudity as compared with the perfected Specific Medicines of the present.

Eclectics are aware of the opposition that Lloyd Brothers have encountered from some of their pharmaceutical opponents. Now that the Specific Medicines of their production have become known throughout the world, we should congratulate them.

Few have an idea of the bitterness which they encountered, but all Eclectics wish them prosperity, now that they are triumphant. Their Specific Medicines are commended by all sects in medicine. Others have now discovered what Eclectics have known for years.

It is a well-known fact that there are druggists in every large city who are not to be trusted with the filling of a prescription that calls for any expensive drug. They come and go, so that at last physicians are compelled to designate certain of the drug fraternity as trustworthy, and insist upon their patients going to these alone for their medical supplies. If they fail to do this their work is thrown away and their reputations go with the failure of their remedies in critical cases.

A few cases from actual observation and experience will illustrate this better than a volume of argument.

1. Thirty grains of quinine, in three doses, to be taken at hourly intervals, were prescribed for a young man suffering from ordinary intermittent fever. The doses were taken as directed, but no signs of cinchonism were induced, and the disease progressed without change. The same doses, in "Warner's sugar-coated pills" were ordered, with the effect of inducing well-marked cinchonism, with cure of the disease.

2. In a case of profuse menorrhagia, one ounce of fluid extract of ergot was ordered, with directions to take one fluid drachm every hour until the hemorrhage ceased. The entire amount was taken without result. An ounce of "Squibb's fluid extract of ergot" was ordered, same directions, and the flooding ceased after the second dose.

3. Four ounces of a mixture of potassium and chloral, each an ounce, with tincture of hyoscyamus and fluid extract of cannabis indica, in appropriate doses, were ordered, with directions to take one teaspoonful every hour until sleep should be induced. An ugly, muddy mixture was received, which produced nausea and headache, but no sleep.

A similar prescription instead of the above extemporaneous officinal combination was ordered, only "Battle's Bromidia" was

designated, which induced refreshing sleep after a few doses of from twenty to thirty drops had been taken.—*Extract from an article in the December Med. Brief, by William B. Hazard, Prof. Principles and Practice of Medicine, Col. Phys. and Surgs., St. Louis.*

BOOK NOTICES.

DISEASES OF THE BLOOD AND NUTRITION, AND INFECTIOUS DISEASES. Being Vol IV of "A Hand-book of Practical Medicine," by Dr. Hermann Eichhorst, and Vol. XII of Wood's Library for 1886 (completing the set, price of set, \$15.00). Illustrated. New York, William Wood & Co.

This work is fully equal to the preceding volumes of Eichhorst and contains exhaustive articles on the subjects treated. The article on typhoid fever alone, is worth the cost of the volume.

DISEASES OF DIGESTION, URINARY, AND GENERATIVE ORGANS. Illustrated by one hundred and six fine wood engravings. Being Volume II of the "Hand-book of Practical Medicine." By Dr. Hermann Eichhorst, Professor of Special Pathology and Therapeutics and Director of the University Medical Clinic in Zurich. This is Vol VI of Wood's Library for 1886. New York, William Wood & Co.

This is the second volume of Eichhorst's exhaustive and valuable "Hand-book of Medicine" and constitutes the June number of the library for 1886. It is a valuable addition to any physician's library who studies his cases of disease. The great liberality of William Wood & Co., in this enterprise, deserves the highest commendation and the general patronage of the profession.

ELECTROLYSIS; ITS THEORETICAL CONSIDERATION AND ITS THERAPEUTICAL AND SURGICAL APPLICATIONS. By Robert Amory, A. M., M.D., Member of the Massachusetts Medical Society; Fellow of the American Academy of Arts and Sciences; Fellow of the American Academy of Medicine, etc., etc. Octavo, 314 pages. Illustrated by nearly one hundred fine wood engravings. Supplied only to subscribers for "Wood's Library of Standard Medical Authors," for 1886 (12 vols., price, \$15.00), of which this is Vol. VIII. New York, William Wood & Co.

The rapidly increasing use made of electricity in surgery renders it an important point that every physician should be posted on the subject. This work contains the details in full, presented in a scholarly and acceptable manner. It is worth many times its cost.